

sideration, do the following:

Submit the facts of controversy to the Employee Injury Compensation Program. Your request must: (1) be in writing and directed to the Risk Manager at 777 South Lawrence Street, Montgomery, AL 36120-3250, (2) must state whether you want the Review Board or Administrative Law Judge to hear the dispute, (3) must describe with particularity the issues in dispute, and (4) must be received by the Risk Manager no later than 60 days from the date on which the employee was notified of the disputed decision. The Review Board or Administrative Law Judge after conducting a hearing, if appropriate, will determine the controversy and the decision will be binding, subject to review, by the Circuit Court of Montgomery County in the manner prescribed by the Administrative Procedures Act.

CIRCUMSTANCES WHICH AFFECT AN EMPLOYEE'S CLAIM FOR BENEFITS:

1. When the accident is caused by willful misconduct of the employee with purpose of intent or design to injure himself/herself with knowledge of peril to himself/herself.
2. Employee's intention to bring about the injury or death of himself/herself.
3. His/her willful failure or willful refusal to use safety appliances provided by the employer, or willful or intentional violation of specific written safety rules of the employer which resulted in injury or death.
4. Willful and intentional removal of manufacturer's safety devices or safety guards from machinery with knowledge that it may cause injury or death to himself/herself.
5. His/her intoxication from the use of alcohol or being impaired by illegal drugs.
6. Employee's failure to comply with physician's treatment and/or cooperate with DORM or its agent including efforts to return to work.

ATTORNEYS FEES: SEICTF has no provisions for the payment of attorney fees.

FIRST REPORT OF INJURY FILING INSTRUCTIONS FOR SUPERVISOR/EMPLOYER:

- ☐ Complete all items on the First Report of Injury (SEICTF Form 1). If there is an exposure to blood, body fluid, or other infectious materials, complete the Blood/Body Fluid Exposure Report.
- ☐ Within 24 hours of notification of injury, fax the completed form(s) to Risk Management at (334) 223-6170 or 1-888-827-6753. If a fax machine is not available, call in the information to 800-388-3406 or (334) 223-6162.
- ☐ Retain the original forms for your files. File other copies with your Agency as required.
- ☐ If the employee is out of work for more than 24 work hours or if requested by SEICTF, the employee must select a payment option under Item A and also, under Item B on the Employee Election for Lost Time Benefits (SEICTF FORM 2). Item A concerns time lost from work up to three days and Item B, time lost in excess of three days. Delay in selection will delay compensation payment to the employee. If the employee misses more than three days of work, then immediately fax the completed FORM 2 to (334) 223-6170.
- ☐ Mail the original FORM 2 to SEICTF, PO Box 303250 Montgomery, AL 36130-3250.
- ☐ Retain a copy for your files.

DISCLAIMER: This pamphlet is for information purposes only and is not intended to replace or supersede the Administrative Rules which govern SEICTF. State agencies should also refer to their Risk Management Agency Handbook.

QUESTIONS? CALL SEICTF AT THE TELEPHONE NUMBERS ON THE FRONT OF THIS PAMPHLET.

SEICTF

GUIDE TO BENEFITS AND CLAIMS FILING



**State of Alabama
Department of Finance
Division of Risk Management
State Employee Injury
Compensation Trust Fund**

Montgomery, Alabama 36130-3250

Telephone (334) 223-6162

Fax: (334) 223-6170

Fax: 1-888-827-6753

**1-800-388-3406 Claims Inquiries
1-800-977-0022 Medical Inquiries**

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SEICTF Form 4

SEICTF-WHAT IS IT?

The State Employee Injury Compensation Trust Fund-SEICTF-Covers medical costs from injuries incurred on the job, lost wages caused by job injury, payment for disability, and payments to dependents in the event of fatal injury.

IF YOU ARE INJURED AT WORK

1. Report any injury immediately to your supervisor in accordance with your agency's reporting procedures.
2. Check with your supervisor about which doctor you should see for your work injury.
3. If the injury is serious, don't delay treatment. Go to the Emergency Department.
4. If you are exposed to blood, body fluid or other potentially infectious materials do the following:

1) Clean the site; **2)** Complete the Blood/Body Fluid Exposure Report as soon as possible; **3)** Go to the nearest SEICTF participating hospital for **immediate** treatment; **4)** Make an appointment for follow-up with a SEICTF network gatekeeper.

If you need assistance for names of SEICTF hospitals or physicians either contact your supervisor or call the SEICTF office at **1-800-977-0022**.

SUMMARY OF KEY FEATURES

1. Medical Costs

- ☐ All reasonable and necessary medical expenses by authorized SEICTF medical providers are covered.
- ☐ Co-pays and deductibles are covered.

2. Lost Time

- ☐ Payment is tax-free - 2/3 current wage subject to weekly maximum rate.
- ☐ Injured employee elects lost time compensation option - 2/3rds rate or use of accrued leave.

- ☐ 2/3rds compensation option - employee is paid by SEICTF warrant.
- ☐ Accrued leave compensation option - employee is paid via state payroll warrant.

3. Disability

- ☐ Payment for total disability continues as long as the disability exists.
- ☐ Defined benefits in event of permanent partial disability.
- ☐ Vocational rehabilitation may be available when injury is serious.

4. Death

- ☐ Burial expense allowance.
- ☐ Payments to eligible dependents up to 500 weeks.

HOW DOES IT WORK?

MEDICAL. Covered employees who are injured on the job receive medical care from an approved network health care provider (physician, hospital or clinic). **SEICTF** is responsible for payment to the medical care provider. The employees will not be charged for co-payments or deductibles.

LOST TIME. This benefit is similar to that in the private sector, but is somewhat broader.

1. **Waiting Period.** There is a three work day period for which no lost time benefit is paid. Compensation begins on the fourth work day after disability. Should the lost time reach twenty-one calendar days, the initial three day period is then paid. The employee may elect to use sick or annual leave to cover the waiting period or take leave without pay.

2. Choice of Compensation Options for Lost Time when unable to work due to covered work injury.

a. SEICTF 2/3. Employee is paid via SEICTF warrant.

- ☐ You receive two-thirds of your current wage via SEICTF warrant, subject to the maximum

compensation rate in effect at the time of your accident. Payment of SEIB dependent health care coverage and other preauthorized payroll deductions are the responsibility of the employee.

- ☐ The two-thirds amount is not taxed.
- ☐ You accrue leave in accordance with State Personnel Rules.
- ☐ Ineligible to accrue retirement credit.
- ☐ You stay in payroll status in accordance with State Personnel Rules.

OR

b. Election to use accrued leave.

- ☐ You receive your usual net pay by State Payroll warrant. Bi-weekly payroll pay and deductions remain the same.
- ☐ Two-thirds of your current wage would be nontaxable subject to the maximum compensation rate amount in effect at the time of your accident.
- ☐ You continue to accrue Leave in accordance with State Personnel rules.
- ☐ You continue to accrue retirement credit.

How to Initiate SEICTF BENEFITS

- ☐ Please notify your supervisor of any incident causing injury.
- ☐ If you need medical care, use a SEICTF Blue Cross authorized provider. Refer to your pocket guide card for more information.

DISPUTE RESOLUTION

The SEICTF program provides for an impartial Review Board or Administrative Law Judge (ALJ) hearing to assure fair and equitable administration of benefits to injured employees and resolve disputes with respect to entitlement to compensation and medical benefits. Should you wish to appeal a coverage decision and initiate Review Board or Administrative Law Judge con-